



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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**Testimony COMMENTING on SB0567 SD2
RELATING TO MENTAL HEALTH TREATMENT**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: Thursday, March 14, 2019 at 9:00 a.m.

Room: 329

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) offers comments on this
3 measure. We acknowledge that access to timely mental health treatment is a critical
4 component of ongoing community-based health care and that we are statutorily responsible for
5 the development and implementation of a statewide mental health system in partnership with
6 government and community organizations.

7 Regarding emergency examination, there may be potentially significant operational and
8 mental health staffing challenges, at some facilities, to accomplish the purpose of this measure.

9 It is potentially feasible for mental health staff to assess the advisability of assisted
10 community treatment prior to release from emergency hospitalization, voluntary hospitalization,
11 and involuntary hospitalization, as defined in this measure.

12 We recommend expanding the scope of the mental health emergencies task force to
13 include developing recommendations that effectively support and leverage assisted community
14 treatment as well as civil commitment as a part of a comprehensive continuum of care.

15 The DOH has conferred with the Department of the Attorney General (ATG) regarding
16 this measure and defer to the ATG to address the implications of their work including the
17 proposed responsibilities related to addressing handling of petitions for assisted community
18 treatment.

1 The DOH notes that while timely and effective access to treatment for a mental health
2 emergency is a complex issue, the proposed mental health emergencies task force will provide
3 an opportunity for the DOH to work with partner agencies, private sector facilities with
4 emergency rooms, and community-based service providers to address statutory and
5 programmatic initiatives that support the use of assisted community treatment.

6 Thank you for the opportunity to testify.

7 **Offered Amendments:** SECTION 2. The department of health shall convene a mental health
8 emergencies task force. The task force shall:

9 (1) Develop recommendations for building a comprehensive continuum of care that includes
10 leveraging assisted community treatment as well as civil commitment as part of that continuum.

11 (2) Assess the reasons that medical facilities are not evaluating persons brought to their
12 emergency rooms for mental health emergencies for whether the person meets the criteria for
13 an assisted community treatment plan and for other mental health services including inpatient
14 psychiatric care;

15 (3) Explore options for creating a state-funded treatment team for persons not under the care of
16 the director of health who may be in need of an emergency examination and hospitalization or
17 an assisted community treatment plan;

18 (4) Submit a report of its findings and recommendations, including any proposed legislation, to
19 the legislature no later than sixty days prior to the convening of the regular session of 2020; and

20 (5) Involve representatives from private sector facilities with emergency rooms and community-
21 based service providers.

**Testimony of the Office of the Public Defender,
State of Hawaii to the House Committee on
Health**

March 14, 2019

S.B. No. 567 SD 2: RELATING TO MENTAL HEALTH TREATMENT

Chair Mizuno and Members of the Committee:

We **support** passage of S.B. No. 567 HD2. We believe that the provisions in this measure provide for a reasonable application of the Assisted Community Treatment law. This would subject anyone who is already voluntarily or involuntarily hospitalized for mental health treatment to be evaluated for assisted community treatment prior to the subject's discharge from the mental health facility. The procedure set forth in this bill is already being used in appropriate cases. This would lead to more successful treatment of an individual following his/her hospitalization.

Thank you for the opportunity to provide testimony in this matter.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019**

ON THE FOLLOWING MEASURE:

S.B. NO. 567, S.D. 2, RELATING TO MENTAL HEALTH TREATMENT.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Thursday, March 14, 2019

TIME: 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Clare E. Connors, Attorney General, or
Erin LS Yamashiro, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General (Department) appreciates the intent of this bill and provides the following comments.

The purpose of this bill is to require a psychiatric facility to determine whether an individual meets the criteria for an assisted community treatment order before he or she is released from emergency hospitalization after an emergency examination, released from voluntary inpatient treatment, or after he or she is committed to a psychiatric facility pursuant to chapter 334, Hawaii Revised Statutes (HRS), and for the Department to file the petition for assisted community treatment.

The Department has comments regarding section 1 of the bill, which adds a new section to chapter 334, HRS. Once an individual is released from a psychiatric facility, the individual's whereabouts may be difficult to determine. This is problematic because section 334-125(a)(1), HRS, requires the individual to be personally served before the court may proceed with the Department's petition for assisted community treatment. To avoid this problem, the psychiatric facility should determine whether an assisted community treatment order is appropriate after the individual has been committed, but before the individual is released from the psychiatric facility pursuant to sections 334-60.2 and 334-60.7, HRS. If it is determined that the committed individual subsequently meets the criteria for assisted community treatment, then a petition can be prepared, filed, and served and a hearing convened while the individual is still committed to the

psychiatric facility. Accordingly, this section should be amended to make changes to section 334-60.7, HRS, rather than adding a new section. This suggested amendment would accomplish the intent of the Committee to increase the use off assisted community treatment. We suggest section 1 be amended in its entirety to read as follows:

SECTION 1. Section 334-60.7, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

“(b) ~~[For civil commitments that do not result directly from legal proceedings under chapters 704 and 706, when]~~ When the administrator or attending physician of a psychiatric facility contemplates discharge of an involuntary patient, the administrator ~~[may]~~ shall assess whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if so indicated, ~~[may communicate with an aftercare provider as part of discharge planning, as appropriate.]~~ a licensed psychiatrist or advanced practice registered nurse of the facility shall prepare the certificate specified by section 334-123(b), and shall notify the department of the attorney general, which shall assist with the petition for assisted community treatment and the related court proceeding. The facility may notify another mental health program for assistance with the coordination of care in the community.”

Finally, the Department will need additional funding and resources to carry out the statewide responsibility articulated in this bill. A similar bill that would also require the Department to file petitions for assisted community treatment, S.B. No. 1464, S.D. 2, appropriates from the general revenues of the State of Hawaii the sum of \$332,000 for fiscal year 2019-2020 and the sum of \$308,000 for fiscal year 2020-2021 for the appointment of two deputy attorneys general and support staff. We suggest that these appropriations be included in this bill to accomplish its stated purpose.

We respectfully ask that the Committee make the suggested modifications if it intends to pass this measure.



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WRITTEN TESTIMONY ONLY

March 14, 2019

TESTIMONY OF
COUNCIL CHAIR EMERITUS & VICE CHAIR RON MENOR
COUNCIL DISTRICT 9
CITY AND COUNTY OF HONOLULU

Senate Bill 567 SD2
RELATING TO MENTAL HEALTH TREATMENT.

Chair Mizuno, Vice Chair Kobayashi and Members of the House Committee on Health (HLT):

I am testifying in support of Senate Bill 567 SD2. I am submitting this testimony not on behalf of the Honolulu City Council, but as an individual Councilmember.

Improvements are needed to the utilization of the Assisted Community Treatment (ACT) law that was approved by the Legislature in 2013. The intent of the law was to help individuals whose lives are so impacted by mental illness that they are unable to recognize their need for treatment. The lack of treatment for this segment of the population has resulted in high utilization of hospital emergency rooms, ambulance, police, fire, inpatient treatment, arrest and court time – all of which being very costly to the community at large.

Over five years, the ACT law was utilized to help only ten individuals. When the law was implemented, it was hoped that it would help many more people. With improvements in Senate Bill 567 SD2, we are hopeful that these individuals will get the care that they deserve.

Mahalo for the opportunity to testify in support of this bill.

SB-567-SD-2

Submitted on: 3/12/2019 3:23:12 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Comments	No

Comments:

This bill improves upon the assisted community treatment law in two significant ways. First, it provides that prior to releasing an individual from a variety of different sorts of psychiatric hospitalizations, the patient is assessed to see if they meet the criteria for treatment. This seems to make sense inasmuch as we currently have a frequent revolving door whereby individuals are often brought in for evaluations and then released and then brought in again. This might be a way to get some of these people into treatment. Similarly, the expansion in the SD2 to encompass other forms of psychiatric hospitalization is a good idea.

It also provides that the Attorney General shall be responsible for the filing of the petition. This would be a huge help to mental health advocates or family members who are trying to assist people in obtaining treatment. The legal proceedings to address these petitions are just that-legal proceedings. As such, many of these individuals are lay people and not familiar with the intricacies of the judicial system. The assistance of the Attorney General in that regard would be very valuable.



PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB 567 SD2, RELATING TO MENTAL HEALTH TREATMENT

TO: Rep John Mizuno, Chair, Rep Bertrand Kobayashi, Vice Chair, and members, House Committee on Health

FROM: Marya Grambs, member, Board of Directors, Partners in Care

Hearing: **Wednesday 3/13/19; 9:00 am; CR 329**

Chair Mizuno. Vice Chair Kobayashi, and Members, Committee on Health:

Thank you for the opportunity to provide testimony **in support** of SB567 SD2. I am Marya Grambs, member, Board of Directors of Partners in Care, a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu's Continuum of Care for persons experiencing homelessness.

SB567 will increase opportunities for the filing of Assisted Community Treatment (ACT) petitions and therefore increase the numbers of vulnerable, severely mentally ill, chronically homeless individuals who can be helped by such orders. As you know, ACT orders target those individuals who are psychotic, have been repeatedly hospitalized or jailed, live in degraded and inhumane circumstances, are unable to take care of themselves, and are often victims of violence or sexual assault. These are some of the changes to the ACT law which are recommended by multiple stakeholders, based on the past five years of difficulty in obtaining ACT orders, resulting in a miniscule number of orders having been granted.

SB567 requires that when individuals are committed for involuntary psychiatric hospitalization, they must be examined by the appropriate mental health professional to determine whether they meet the criteria for an ACT order as outlined in SS334.123. This will reduce the current practice of individuals being released from involuntary emergency hospitalization to the streets, only to repeatedly decompensate and be re-admitted (or arrested).

Moreover, SB567 requires the Dept of Health to convene a task force to assess why emergency rooms are currently not filing ACT orders on appropriate individuals, for the above stated reasons. This task force will also explore the creation of a treatment team for such persons, which would reduce the obstacles encountered by community agencies and/or families who do not have the resources to hire the expertise required to file petitions. A treatment team would work together collaboratively to bring successful petitions to court. This is done successfully in other jurisdictions.

Finally, SB567 requires that the Attorney General's office assist with the filing of such petitions. This is very important: an attorney is needed to successfully file a petition, and community agencies and families generally do not have the resources to hire an attorney, and are thus unable to successfully file petitions.



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 567, SD2: Relating to Mental Health Treatment

TO: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, and Members, Committee on Health

FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawai'i

Hearing: Thursday, 3/14/19; 9:00 am; CR 329

Chair Mizuno, Vice Chair Kobayashi, and Members, Committee on Health:

Thank you for the opportunity to provide testimony **in support** of SB 567, SD2, which facilitates the assessments of mental health patients who are homeless and may benefit from/need an assisted community treatment plan. I am Betty Lou Larson, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 70 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i.

Probably the most vulnerable of all the homeless living on the streets in Hawaii are the severely mentally ill individuals who suffer from psychosis, hallucinations and bizarre behaviors. They are living in degrading and inhumane situations. They are at great risk of assault, and for women, rape. They have been unreachable by homeless outreach teams. The public is afraid of them and demands that the government or police "do something". Yet, often they are just moved along to another location.

These homeless individuals often are frequent users of emergency rooms. Assisted community treatment (ACT) is an available but under-utilized option for people with these serious mental illnesses to receive on-going treatment in the least restrictive setting. ACT can reduce the trend toward repeat emergency interventions as the primary course of treatment for the seriously mentally ill.

While judicial oversight of the ACT process is important to preserve the civil rights of mentally ill persons, community providers and others do not have the resources to navigate the complex court system. SB 567 is critical because it addresses the barriers to actually using ACT to improve the lives of these seriously mentally ill persons. The creation of a task force to explore why medical facilities are not diverting more people to this service as well as looking at other options is a big step forward to finding solutions.

As Mother Theresa once said, "If we have no peace, it is because we forget that we belong to each other." It's time to demonstrate that we have not forgotten people who struggle with severe mental illness on the streets. We need to seek humane solutions to help these most vulnerable homeless. This bill is an important step forward. We urge your support. Please contact me at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.



Catholic
Charities
USA



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SB-567-SD-2

Submitted on: 3/12/2019 9:32:00 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
CHU LAN SHUBERT-KWOCK	CHINATOWN BUSINESS & COMMUNITY ASSOCIATION	Support	No

Comments:



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Visit us on the web: www.hopeserviceshawaii.org

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HOPE Help Line: 808-935-3050

Hearing: **SB 567, in support**
Date: March 14, 2019
Location: State Capitol, Room 329

Aloha Committee Chair, Vice-Chair, and Committee Members:

I am submitting testimony on behalf of HOPE Services Hawai'i, a nonprofit homelessness service provider, in support of SB 567--a bill that, if passed, will immensely help us in our mission to end homelessness in Hawai'i.

We are all familiar with the problems caused by combination of chronic homelessness and severe mental illness: individuals exhibiting psychotic and erratic behavior, poor hygiene, and creating makeshift homes in destitute and substandard conditions: in parks, on sidewalks, in storefronts, and in tent cities. These individuals are extremely high utilizers of public services such as ambulance, police, ER, inpatient treatment, crisis services, arrest, and adjudication, at great expense to both the government and their communities. They frequently do not understand that they are ill, and therefore refuse outreach attempts and treatment, leaving themselves at risk for further harm--both men and women are frequent victims of assault, and women are at an especially high risk of rape. Additionally, untreated psychosis and schizophrenia cause brain damage. Every day we allow someone suffering from these illnesses to live on the street marks a decrease in the likelihood that they will recover and be able to live as a healthy, high-functioning, adult.

Our neighbors who suffer from the afflictions enumerated above have a "right to treatment." One avenue for providing this treatment is the Assisted Community Treatment (ACT) law, which enables the Court to order individuals like these, who meet very specific criteria, to receive treatment in the community; a related mechanism is that of obtaining guardianship. SB 567 would assign the Attorney General's office to assist with ACT petitions, to ensure that these cases are handled with expertise, and given sufficient attention.

The passage of this bill benefits all of us. It will help assist those who desperately need our help, and also will benefit many others, including: medical personnel, social service providers, police, and the court system, who will be able to free up their resources to meet other needs; business owners, who may worry less about these individuals driving away customers; parents, who will feel safer with their children being out in public; and finally our keiki, who will learn by example how we show aloha to those less fortunate than ourselves.

For these reasons, HOPE Services Hawai'i urges the passage of SB 567.

Mahalo nui for your consideration.

Sincerely,

Brandee Menino,
Chief Executive Officer

JOIN OUR COMMUNITY



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SB-567-SD-2

Submitted on: 3/13/2019 6:04:10 AM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
"Phil" Augustus Acosta	ALEA Bridge	Support	No

Comments:

SB-567-SD-2

Submitted on: 3/12/2019 8:51:58 AM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brandon W Duran	Individual	Support	No

Comments:

Testimony in Strong Support of SB 567 SD2: Related to Mental Health Treatment

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the Committee on Health:

Thank you for leading the way with compassion and strength. Thank you for demonstrating your leadership in caring for homeless individuals struggling with mental illness. Please continue to call upon us as a community to see these individuals as part of our 'ohana. Help us to understand that it is a responsibility, honor, and blessing to care for the vulnerable in our society.

This bill will ensure that individuals discharging under certain circumstances (e.g., release from voluntary inpatient treatment at a psychiatric facility) undergo an evaluation to determine whether an Assisted Community Treatment ("ACT") plan is appropriate so that people with severe mental illness are able to get the mental health treatment they need. The bill also assigns the Attorney General's office to assisting with ACT petitions to make sure adequate expertise and attention is given to these complex cases.

I urge you to pass SB 567 SD2. Thank you for the opportunity to submit this testimony.

SB-567-SD-2

Submitted on: 3/12/2019 2:58:23 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Logue	Individual	Support	No

Comments:

As we see the homeless population grow we see more and more persons with mental health issues suffering due to no fault of their own. We must do something different and we must begin to care for them. I believe this bill will have a positive impact on their lives and the communities they live in. Please support this measure. Mahalo.

SB-567-SD-2

Submitted on: 3/12/2019 4:08:42 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rosita Aranita	Individual	Support	No

Comments:

I am currently a grantwriter for Hoa Aina O Makaha and a past community organizer. for homeless and housing issues for the Office for Social Ministry (1983-1993) for the Roman Catholic Diocese of Honolulu. I have also worked with numerous groups that have been evicted from housing in Kalihi-Palama, Chinatown and places in Honolulu. My past experiences of trying to relocate the homeless have been difficult with mentally ill persons and still persists to this day. The most ill have been difficult to place or keep housed if housing is secured.

Since institutions have closed since the 1940's, the state and nation have not progressed very far because of individual resistance. The most ill are not able to make healthy decisions for themselves and require assistance to find housing and stay in housing. This requires firm assessment and wise handling of these persons. SB 567 SD2 prescribes a method that has long eluded society. I strongly support this measure. It is something worth investing in.

SB-567-SD-2

Submitted on: 3/12/2019 8:11:39 AM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Seikai Darcy	Individual	Support	No

Comments:

Testimony in Strong Support of SB 567

Dear Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health:

Thank you for the opportunity to provide testimony on SB 567, which would help to ensure that people experiencing severe illness are connected to the services they need to ensure their safety and stability. I personally strongly supports this bill as a critical component of a comprehensive plan to address homelessness in Hawaii. People experiencing severe mental illness represent a small, but significant portion of the population experiencing homelessness in Hawai'i. These are those individuals we see every day on our streets: psychotic, hallucinating, behaving erratically, with very poor hygiene and living in degrading and inhumane circumstances. They are extremely high utilizers of ambulance, police, ER, inpatient treatment, crisis services, arrest, and adjudication—at great expense; have been non-responsive to repeated homeless outreach attempts; are frequently victims of assault and, for women, rape; and do not understand that they are ill and therefore refuse treatment. Their untreated psychosis/schizophrenia causes brain damage, resulting in reduced brain functioning and decreased likelihood of recovery. Such persons have a “right to treatment” in light of these circumstances, and desperately need it.

Mahalo for your consideration and support of SB 567 SD2,

Lisa Seikai Darcy, Founder

lisa@shareyourmana.org

LATE

SB-567-SD-2

Submitted on: 3/13/2019 5:40:39 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Hawaii Kai Homeless Task Force	Support	No

Comments:

TO: The House Committee on Health
FROM: Mike Goodman, Director, The Hawaii Kai Homeless Task Force, Member of Partners In Care.
RE: SB567
HEARING: Thursday, March 14, 9:00 a.m. Room 329

Dear Rep. Mizuno, Chair, Rep. Kobayashi, Vice Chair, and all Members of the Committee. Thank you for the opportunity to testify in strong support of SB567

“Assisted Community Treatment” under HRS Chapter 134 (“ACT”), was contemplated to address the problem of impaired persons, many who are homeless, who are a danger to themselves or others, and refuse treatment for their underlying conditions. The problem is that since 2013, only 10 individuals have received court-ordered treatment under ACT.

SB567 is a crucial part of a series of bills including SB1124, SB1051, SB1464 and SB1465, all of which are intended to make critical improvements to the ACT program. It’s important for all of these bills to pass.

RECOMMENDED AMENDMENTS:

The 2017 Point in Time Count indicates the population of impaired chronic homeless in Hawaii is 1600 persons. However, the 2017 Service Utilization Report from the U.H. Center for the Family indicates the figure could be higher. The preliminary figure released from the 2018 Point In Time Count shows 2400 homeless living unsheltered throughout the State. So, for planning purposes, let’s assume the number is 3000..

For HRS Chapter 334 and the ACT program to have a significant impact, correcting flaws with implementation are not enough; We must have a plan to increase the scale of ACT to accommodate 3000 people.

The American Bar Association Journal, dated January 2019, reported that in 2016, there were an estimated 10.4 million adults in the United States suffering from a *serious mental illness*. That same year, there were only 37,769 psychiatric beds in the entire

Nation. These shortages extend to Hawaii. We must also have a plan to increase the scale of psychiatric resources.

We therefore recommend that SECTION 2. (1)â,°(4) of this bill be supplemented with additional language, requiring the task force to formulate and recommend a plan and *pro-forma* budget to (1) Provide enough judges, guardian at litems and Deputy Attorneys General to process the caseload for 2000 people; (2) Provide treatment for at least 2000 people; (3) Provide enough psychiatric hospital beds, that can also be used for detox, or a reasonable alternative to a psychiatric hospital; (4) Provide enough medical professionals, addiction specialists, social workers and support staff; and (5) Make recommendations as to whether existing facilities should be expanded or new ones should be built, or whether there are reasonable, low-cost alternatives. For example, using military style field hospitals might be exponentially more cost-effective than building or expanding brick and mortar hospital, and could be ready to use in months, instead of years.

Thank you for the opportunity to testify.

LATE

SB-567-SD-2

Submitted on: 3/13/2019 9:19:04 PM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Wang	Individual	Support	No

Comments:

HOUSE COMMITTEE ON HEALTH

DATE: Thursday, March 14, 2019

TIME: 9:00 a.m.

SB 567 RELATED TO MENTAL HEALTH TREATMENT

POSITION: SUPPORT

My testimony is submitted in support of SB 567 relating to mental health treatment.

I am in support of this measure with REVISIONS because:

- 1. Assisted or Assertive Community Treatment (ACT) is an evidence based treatment for the severely mentally ill population that shows evidence of better outcomes in terms of shorter hospitalizations, better symptoms management, and better quality of life; HOWEVER works better and is more cost effective for clients who have repeat visits to psychiatric hospitals and is potentially LESS effective in very rural areas. Therefore, not every person who is evaluated in a psychiatric hospital or emergency room necessarily needs or would benefit from ACT.**
- 2. When aimed at reducing homelessness, ACT can be effective, ESPECIALLY if integrated with evidence based supported housing models.**
- 3. HOWEVER, I believe that ACT alone WILL NOT work unless clients who do not have legal competency have GUARDIANS who help to ensure that they**

comply with treatment (because a lot of mentally ill do not believe they are ill or that they need treatment)

4. **MORE** importantly, unless there is funding to develop more social services- which may or may not include training/obtaining providers, case managers/social workers, supported housing programs, assistance with transportation to medical visits, skills training, substance abuse treatment etc., then simply having a physician refer patients to ACT does nothing on a practical level.
5. I believe there are times when the severely mentally ill (including substance abuse) and homeless populations may pose a public health risk. For example, they come to the hospital with infections and sometimes choose to leave against medical advice before their infection is fully treated. This leads to antibiotic resistant bacteria which are now present in our ocean water and lead to antibiotic resistant infections in others (like surfers).
6. I believe the **BIGGEST BARRIER** is lack of a support structure and lack of intensive outpatient services. If the services exist, then providers will naturally assess whether hospitalized patients could benefit from ACT. They would not be required to do so by law. I think the reason why physicians are currently **NOT** making these types of referrals is because there isn't a relevant social services structure to refer them to.

Thank you for your consideration to PASS SB567 out of committee WITH REVISIONS to account for the lack of social services structure.

Michele Wang, MD

LATE

SB-567-SD-2

Submitted on: 3/14/2019 7:58:50 AM

Testimony for HLT on 3/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimo K. Carvalho	IHS, The Institute for Human Services	Support	No

Comments: